

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Home Health Agencies
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 02-48 MAA
Issued: July 1, 2002

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From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Vendor Rate Increase for Non-Durable Medical Supplies and Equipment (MSE)

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement a one and one-half (1.5) percent vendor rate increase as authorized by the 2001-2003 Biennium Appropriations Act. This rate increase has been applied across the board for state-unique procedure codes. Providers are reimbursed Medicare rates for HCPCS codes.

This fee schedule includes new procedure codes and identifies discontinued codes. These code updates, along with the revised maximum allowances, are being made to correspond to Medicare's 2002 fee schedule. The discontinued codes are valid for dates of service through September 30, 2002.

Effective for dates of service on and after August 1, 2002, the following procedure codes will now require prior authorization: A4310-A4316, A4353, and A4354.

Attached are replacement pages G.1-G.34 of MAA's Nondurable Medical Supplies and Equipment (MSE) Billing Instructions, dated February 2002. For formerly BR (By Report) procedures, MAA will reimburse providers the percentage of billed charges listed in the Maximum Allowable Fee column.

Bill MAA your usual and customary charge.

To obtain this memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Fee Schedule

A Few Notes about the Fee Schedule

Procedure Code Description

The description of each code will tell you when:

- Prior authorization is required;
- Expedited prior authorization criteria is available;
- There are specific limitations;
- Codes are not allowed in combination with primary code;
- An item is taxable;
- An item is included in the nursing facility daily rate; and
- One of the following modifiers is required:
 - ✓ ZX – Insulin Dependent;
 - ✓ KS – Non-Insulin Dependent;
 - ✓ RP – Replacement;
 - ✓ RR – Rental;
 - ✓ 1P – Purchase;
 - ✓ X1-X9 See “Dressings,” pg. G.5; or
 - ✓ DY See “Disposable Incontinent Products” page D.3 and “Urological Supplies” page G.19.

Maximum Allowance

The maximum dollar amount payable by MAA is indicated in the *Maximum Allowable* column.

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

COMPLIANCE PACKAGING

(Billable only by pharmacists for non-institutionalized at-risk clients.)

4800A	Reusable compliance device/container (e.g., medisets, weekly minders, etc.) Included in nursing facility daily rate. Limit of four devices/containers per client, per year.	\$6.00
4801A	Reusable compliance device/container filling fee. Included in nursing facility daily rate. Limit of four fills per month, per client.	\$2.50
4802A	Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.) Included in nursing facility daily rate. Limit of four devices/containers per month, per client.	\$3.00
4804A	Reusable compliance device/container, extra large capacity (e.g., medisets, weekly minders, etc.). Included in nursing facility rate. Limit of four devices/containers per year, per client.	\$16.91

* Note: Providers may bill procedure codes 4800A and 4804A in any combination, but not to exceed a total of 4 per year.
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EMERGENCY CONTRACEPTION PILLS (ECP) COUNSELING

(Billable only by pharmacists who meet Board of Pharmacy protocols.)

4805A	ECP Counseling	\$13.50
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SYRINGES AND NEEDLES

A4215	Needles only, sterile, any size, each. Included in nursing facility daily rate.	65%
A4322	Irrigation syringe, bulb or piston, each. Included in nursing facility daily rate. <i>Not allowed in combination with code A4320, A4355.</i>	\$3.01
4803A	All disposable syringes, each. Included in nursing facility daily rate.	\$0.21

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Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

BLOOD MONITORING/TESTING SUPPLIES

A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips. Included in nursing facility daily rate. Modifier ZX or KS required.	\$34.63
A4254	Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each. <u>One (1) allowed per client every 3 months.</u>	\$6.55
A4256	Normal, low and high calibrator solution/chips. Included in nursing facility daily rate.	\$11.39
A4258	Spring-powered device for lancet, each. <u>One (1) allowed per client every 6 months.</u>	\$17.96
A4259	Lancets, per box of 100. Included in nursing facility daily rate. Modifier ZX or KS required.	\$12.68

PREGNANCY-RELATED TESTING KITS AND NURSING EQUIPMENT SUPPLIES

0178A	Pregnancy testing kit, 1 test per kit. Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs.	\$10.52
0181A	Breast pump kit for electric breast pump. Purchase only.	\$37.92

ANTISEPTICS AND GERMICIDES

A4244	Alcohol or peroxide, per pint. Included in nursing facility daily rate. <u>Maximum of one (1) pint allowed per client per 6 months.</u>	\$0.76
A4245	Alcohol wipes, per box (of 200). Included in nursing facility daily rate. <u>Maximum of one (1) box allowed per client per month.</u>	\$2.30
A4246	Betadine or pHisoHex solution, per pint. Included in nursing facility daily rate. <u>Maximum of one (1) pint allowed per client per month.</u>	\$3.03

**Nondurable Medical Supplies
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Billing provision limited to one (1) month's supply.

A4247	Betadine or iodine swabs/wipes, per box (of 100). Included in nursing facility daily rate. <u>Maximum of one (1) box allowed per client per month.</u>	\$4.72
0157A	Disinfectant spray, 12 oz. Included in nursing facility daily rate. <u>Maximum of one (1) allowed per client per 6 months.</u>	\$4.30

MODIFIERS

- Modifiers (X1-X9) have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and to indicate the number of wounds on which that dressing is being used.
 - Items such as adhesive tape, roll, gauze, or elastic bandages are examples of secondary dressings.
 - The surgical procedure or debridement must be performed by a physician or other health care professional to the extent permissible under state law.
 - Debridement of a wound may be any type of debridement.
 - If the dressing is not being used as a primary or secondary dressing on a surgical or debrided wound, do not use modifiers X1-X9.
 - Bandages, dressings, and tapes used with these modifiers will be paid for the first six weeks that the client is in a nursing facility.
 - Modifier number must correspond to the number of wounds on which the dressing is being used, not the total number of wounds treated.
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| X1 | Dressing used as a primary or secondary dressing on 1 surgical or debrided wound. |
| X2 | Dressing used as a primary or secondary dressing on 2 surgical or debrided wounds. |
| X3 | Dressing used as a primary or secondary dressing on 3 surgical or debrided wounds. |
| X4 | Dressing used as a primary or secondary dressing on 4 surgical or debrided wounds. |
| X5 | Dressing used as a primary or secondary dressing on 5 surgical or debrided wounds. |
| X6 | Dressing used as a primary or secondary dressing on 6 surgical or debrided wounds. |
| X7 | Dressing used as a primary or secondary dressing on 7 surgical or debrided wounds. |
| X8 | Dressing used as a primary or secondary dressing on 8 surgical or debrided wounds. |
| X9 | Dressing used as a primary or secondary dressing on 9 surgical or debrided wounds. |

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

BANDAGES, DRESSINGS, AND TAPES – Unless needed for first 6 weeks postsurgery, all bandages dressing/tapes are included in the nursing facility daily rate Limited to one (1) month's supply.

A4649	Surgical supply, miscellaneous. Prior Authorization required.	65%
A6021	Collagen dressing, pad size 16 sq. in. or less, each	\$20.79
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	\$20.79
A6023	Collagen dressing, pad size more than 48 sq. in. Prior Authorization required.	\$188.23
A6024	Collagen dressing wound filler, per 6 inches	\$6.12
A6154	Wound pouch, each.	\$14.20
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing.	\$6.12
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$16.26
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing.	65%
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches.	\$5.23
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$9.40
A6201	Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$20.57
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing.	\$34.50

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Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$3.31
A6204	Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing.	\$6.16
A6205	Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing.	65%
A6206	Contact layer, 16 sq. in. or less, each dressing.	\$5.29
A6207	Contact layer, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$7.26
A6208	Contact layer, more than 48 sq. in., each dressing.	65%
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$7.40
A6210	Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$19.70
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$29.05
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$9.59
A6213	Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$20.00
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	\$10.18
A6215	Foam dressing, wound filler, per gram.	\$2.99

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Billing provision limited to one (1) month's supply.

A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.05
A6217	Gauze, non-impregnated, non-sterile pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$0.17
A6218	Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.	\$0.45
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$0.94
A6220	Gauze, non-impregnated, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$2.55
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6222	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$2.11
A6223	Gauze, impregnated, other than water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$2.39
A6224	Gauze, impregnated, other than water or normal saline pad size more than 48 sq. in., without adhesive border, each dressing.	\$3.57
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.99
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$3.57
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing.	65%

**Nondurable Medical Supplies
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Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$6.47
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$16.64
A6236	Hydrocolloid dressing, wound cover, more than 48 sq. in., without adhesive border, each dressing.	\$26.95
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$7.85
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$22.54
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6240	Hydrocolloid dressing, wound filler, paste, per fluid oz.	\$12.11
A6241	Hydrocolloid dressing, wound filler, dry form, per gram.	\$2.54
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$6.00
A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$12.18
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$38.85
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$7.19
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$9.81

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Billing provision limited to one (1) month's supply.

A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	\$23.52
A6248	Hydrogel dressing, wound filler, gel, per fluid oz.	\$16.06
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$1.97
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$3.21
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$6.27
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$1.20
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$3.00
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6257	Transparent film, 16 sq. in. or less, each dressing.	\$1.51
A6258	Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$4.25
A6259	Transparent film, more than 48 sq. in., each dressing.	\$10.82
A6260	Wound cleaners, any type, any size (per ounce).	\$1.11
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified. Prior authorization required	65%

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Billing provision limited to one (1) month's supply.

A6262	Wound filler, dry form, per gram, not elsewhere classified. Prior authorization required	65%
A6263	Gauze, elastic, non-sterile, all types, per linear yard.	\$0.29
A6264	Gauze, non-elastic, non-sterile, per linear yard.	\$0.48
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.12
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$0.43
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	\$0.88
A6405	Gauze, elastic, sterile, all types, per linear yard.	\$0.33
A6406	Gauze, non-elastic, sterile, all types, per linear yard.	\$0.79
0100A	Dressing, other. Prior Authorization Required.	65%
4461A	2" wide elastic bandage (e.g., compression bandage), per roll.	\$2.57
4462A	2.5" wide elastic bandage, per roll.	\$2.98
4463A	3" wide elastic bandage, per roll.	\$3.17
4464A	4" wide elastic bandage, per roll.	\$3.91
4465A	6" wide elastic bandage, per roll.	\$6.37
4466A	Cotton tube bandage stockinet 2" x 25 yds.	\$7.07
4467A	Cotton tube bandage stockinet 3" x 25 yds.	\$9.91
4468A	Cotton tube bandage stockinet 4" x 25 yds.	\$12.25

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Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

4469A	Cotton tube bandage stockinet 5" x 25 yds.	\$15.82
4470A	Cotton tube bandage stockinet 6" x 25 yds.	\$18.77
4471A	Polyester or nylon tube bandage stockinet 2" x 25 yds.	\$7.49
4472A	Polyester or nylon tube bandage stockinet 3" x 25 yds.	\$10.97
4473A	Polyester or nylon tube bandage stockinet 4" x 25 yds.	\$14.16
4474A	Polyester or nylon tube bandage stockinet 5" x 25 yds.	\$17.91
4475A	Polyester or nylon tube bandage stockinet 6" x 25 yds.	\$20.68
4476A	Seamless tubular gauze 5/8" x 50 yds.	\$6.53
4477A	Seamless tubular gauze 1" x 50 yds.	\$7.82
4478A	Seamless tubular gauze 1 1/2" x 50 yds.	\$9.42
4479A	Seamless tubular gauze 2 5/8" x 50 yds.	\$11.70
4480A	Seamless tubular gauze 3 5/8" x 50 yds.	\$13.11
4481A	Seamless tubular gauze 5" x 50 yds.	\$17.66
4482A	Seamless tubular gauze 7" x 50 yds.	\$26.22

TAPES

A4462	Abdominal Dressing Holder/Binder	\$3.25
0090A	Transparent tape, 1" x 10 yd, per roll.	\$1.39
0094A	Paper tape, 1/2" x 10 yd, per roll.	\$0.96
0095A	Paper tape, 2" x 10 yds, per roll.	\$2.16

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Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

0098A	Silk tape (Durapore), 2" x 10 yd, per roll.	\$2.73
4585A	Paper tape, 1" x 10 yd, per roll.	\$1.57
4595A	Silk tape (Durapore), 1"x10 yd, per roll.	\$1.38
4760A	Hypoallergenic, semipermeable, nonwoven (scanpor) tape. 1" x 11 yds, per roll.	\$3.47
4761A	Hypoallergenic, semipermeable, nonwoven (scanpor) tape. 2" x 11 yds, per roll.	\$7.18
4762A	Hypoallergenic, semipermeable, nonwoven (scanpor) tape. 3" x 11 yds, per roll.	\$10.48
4763A	Clear, porous, plastic, hypoallergenic tape (e.g., Transpore), 1/2" x 10 yd roll, per roll.	\$0.82
4764A	Clear, porous, plastic, hypoallergenic tape (e.g., Transpore), 1" x 10 yd roll, per roll.	\$1.64
4765A	Clear, porous, plastic, hypoallergenic tape (e.g., Transpore), 2" x 10 yd roll, per roll.	\$3.27
4766A	Clear, porous, plastic, hypoallergenic tape (e.g., Transpore), 3" x 10 yd roll, per roll.	\$4.91
4767A	Microporous-hypoallergenic tape (e.g., Micropore), 1/2" x 10 yd roll, per roll.	\$0.58
4768A	Microporous-hypoallergenic tape (e.g., Micropore), 1" x 10 yd roll, per roll.	\$1.16
4769A	Microporous-hypoallergenic tape (e.g., Micropore), 2" x 10 yd roll, per roll.	\$2.33
4771A	Microporous-hypoallergenic tape (e.g., Micropore), 3" x 10 yd roll, per roll.	\$3.49

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Billing provision limited to one (1) month's supply.

4799A	Tape, surgical, 1" x 10 yd roll, per roll.	\$1.48
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OSTOMY SUPPLIES (NOTE: ITEMS IN THIS CATEGORY ARE NOT TAXABLE)

A4361	Ostomy faceplate, each. <u>Maximum of 10 allowed per client per month.</u> <i>Not allowed in combination with codes A4375, A4376, A4379, A4380.</i>	\$18.17
A4362	Skin barrier, solid, four by four or equivalent, each (for ostomy only).	\$3.42
A4364	Adhesive (for ostomy or catheter); liquid, or equal, any type. <u>Maximum of 4 allowed per client per month.</u>	\$2.70
A4365	Ostomy adhesive remover wipes, any type, per 50. <u>Maximum of one (1) box allowed per client per month.</u>	\$11.20
A4367	Ostomy belt , each (for appliance; adjustable). <u>Maximum of two (2) allowed per client every six months.</u>	\$6.75
A4368	Ostomy filter, any type, each.	\$0.26
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	\$2.03
A4370	Ostomy skin barrier, paste, per oz.	\$3.34
A4371	Ostomy skin barrier, powder, per oz.	\$3.56
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each.	\$4.13
A4373	Ostomy skin barrier, with flange (solid, flexible, or accordion), standard wear, with built-in convexity, any size, each.	\$6.21
A4374	Ostomy skin barrier; with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each.	\$8.35

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Billing provision limited to one (1) month's supply.

A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each. <u>Maximum of 10 allowed per client per month.</u> <i>Not allowed in combination with code A4361 or A4377.</i>	\$16.99
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each. <u>Maximum of 10 allowed per client per month.</u> <i>Not allowed in combination with code A4361 or A4378.</i>	\$47.06
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each. <u>Maximum of 10 allowed per client per month.</u>	\$4.24
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each. <u>Maximum of 10 allowed per client per month.</u>	\$30.42
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each. <u>Maximum of 10 allowed per client per month.</u> <i>Not allowed in combination with code A4361, A4381 or A4382.</i>	\$14.86
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each. <u>Maximum of 10 allowed per client per month.</u> <i>Not allowed in combination with code A4361 or A4383.</i>	\$36.92
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each. <u>Maximum of 10 allowed per client per month.</u>	\$4.56
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each. <u>Maximum of 10 allowed per client per month.</u>	\$24.35
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each. <u>Maximum of 10 allowed per client per month.</u>	\$27.88
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	\$5.04
A4386	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, any size, each.	\$6.65

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Billing provision limited to one (1) month's supply.

A4387	Ostomy pouch, closed, with standard wear barrier attached, with built-in convexity (1 piece), each. <u>Maximum of 30 allowed per client per month.</u>	\$3.97
A4388	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each. <u>Maximum of 10 allowed per client per month.</u>	\$4.31
A4389	Ostomy pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each. <u>Maximum of 10 allowed per client per month.</u>	\$6.15
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each. <u>Maximum of 10 allowed per client per month.</u>	\$9.51
A4391	Ostomy pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each. <u>Maximum of 10 allowed per client per month.</u>	\$6.99
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each. <u>Maximum of 10 allowed per client per month.</u>	\$6.57
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each. <u>Maximum of 10 allowed per client per month.</u>	\$9.07
A4397	Irrigation supply; sleeve, each. <u>Maximum of one (1) allowed per client per month.</u>	\$4.74
A4398	Ostomy irrigation supply; bag, each. <u>Maximum of two (2) allowed per client every 6 months.</u>	\$13.66
A4399	Ostomy irrigation supply; cone/catheter, including brush. <u>Maximum of two (2) allowed per client every 6 months.</u>	\$11.42
A4404	Ostomy ring, each. <u>Maximum of 10 allowed per client per month.</u>	\$1.67

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

A4421	Ostomy supply; miscellaneous. Prior Authorization required.	65%
A4455	Adhesive remover or solvent (for tape, cement, or other adhesive), per oz. <u>Maximum of 3 allowed per client per month.</u>	\$1.41
A5051	Pouch, closed; with barrier attached (one piece). <u>Maximum of 60 allowed per client per month.</u>	\$2.29
A5052	Pouch, closed; without barrier attached (one piece). <u>Maximum of 60 allowed per client per month.</u>	\$1.65
A5053	Pouch, closed; for use on faceplate. <u>Maximum of 60 allowed per client per month.</u>	\$1.72
A5054	Pouch, closed; for use on barrier with flange (two piece). <u>Maximum of 60 allowed per client per month.</u>	\$1.67
A5055	Stoma cap. <u>Maximum of 30 allowed per client per month.</u>	\$1.42
A5061	Pouch, drainable; with barrier attached (one piece). <u>Maximum of 20 allowed per client per month.</u>	\$2.54
A5062	Pouch, drainable; without barrier attached (one piece). <u>Maximum of 20 allowed per client per month.</u>	\$2.07
A5063	Pouch, drainable; for use on barrier with flange (two piece). <u>Maximum of 20 allowed per client per month.</u>	\$2.15
A5071	Pouch, urinary, with barrier attached (one piece). <u>Maximum of 20 allowed per client per month.</u>	\$4.11
A5072	Pouch, urinary, without barrier attached (one piece). <u>Maximum of 20 allowed per client per month.</u>	\$3.48
A5073	Pouch, urinary, for use on barrier with flange (two piece). <u>Maximum of 20 allowed per client per month.</u>	\$3.10

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

A5081	Continent device; plug for continent stoma. <u>Maximum of 30 allowed per client per month.</u>	\$2.77
A5082	Continent device; catheter for continent stoma. <u>Maximum of one (1) allowed per client per month.</u>	\$10.04
A5093	Ostomy accessory, convex insert. <u>Maximum of 10 allowed per client per month.</u>	\$1.93
A5119	Skin barrier; wipes, box per 50 (for ostomy only).	\$10.40
A5121	Skin barrier, solid, 6 x 6 or equivalent, each, (for ostomy only).	\$7.38
A5122	Skin barrier, solid, 8 x 8 or equivalent, each (for ostomy only).	\$12.09
A5123	Skin barrier, with flange (solid, flexible, or accordion), any size, each (for ostomy only).	\$5.61
A5126	Adhesive or non-adhesive; disc or foam pad. <u>Maximum of 10 allowed per client per month.</u>	\$1.14

Specifications and Limitations for Disposable Incontinent Products [Refer to WAC 388-543-1150]

Specifications

- All adult and children diapers, incontinent pants, pull-up training pants, underpads, diaper doublers, and liners/shields must meet the following specifications to be covered by MAA:
 - ✓ Padding provides uniform protection.
 - ✓ Product is hypoallergenic.
 - ✓ Adhesives and glues used during construction are not water-soluble and form continuous seals at the edges of the absorbent core to minimize leakage.
 - ✓ All materials used in construction of the product are safe for clients' skin and are harmless if ingested.
 - ✓ Product meets flammability requirements of both federal law and industry standards.
- **In addition to the above**, the following specifications must be met for each of the following types of products:
 - ✓ **Adult Briefs/Children's Diapers**
 - Hourglass shaped with formed leg contours.
 - Absorbent filler core is at least ½ inch from elastic leg gathers.
 - Leg gathers consist of at least three strands of elasticized materials.
 - Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
 - Backsheet is moisture impervious; at least 1 mm thickness designed to protect clothing and linens.
 - Topsheet resists moisture return to skin.
 - There are at least four refastenable tapes (two on each side) for briefs; two refastenable tapes (one on each side) for diapers. The tapes should have an adhesive coating that will release from the backsheet without tearing it. The tape adhesive permits a minimum of three fastening/unfastening cycles or has a continuous waistband or side panels with a tear away feature.
 - Inner lining is made of soft, absorbent material.

(Briefs and diapers should have a wetness indicator that clearly indicates degree of wetness.)

✓ **Pull-up Training Pants/Incontinent Pants**

- Made like regular underwear with an elastic waist.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious, at least 1 mm thickness designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- Inner lining is made of soft, absorbent material.

(Pants should have a wetness indicator that clearly indicates degree of wetness.)

✓ **Underpads**

- Absorbency layer is within 1½ inches from the edge of the underpad.
- Manufactured with a waterproof backing material and withstands temperatures not to exceed 140° F.
- Covering or facing sheet is made with non-woven, porous materials having a high degree of permeability allowing fluids to pass through and into absorbent filler. Patient contact surface is soft and durable. Filler material is highly absorbent: fluff filler, with polymers, heavy weight fluff filler or equivalent.
- Four-ply, non-woven facing, sealed on all four sides.

✓ **Liners/Shields (Including pads and undergarments)**

- Product has channels to direct fluid throughout the absorbent area, and gathers to assist in controlling leakage, and/or is contoured to permit a more comfortable fit.
- Product has a waterproof backing to protect clothing and linens.
- Inner liner resists moisture return to skin.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Undergarments may be belted or unbelted.
- Undergarments are to be contoured for good fit, with three elastic gathers per leg.
- Product has pressure sensitive tapes on reverse side to fasten to underwear.

Limitations:

- The monthly quantity limitation is a maximum allowance. The client is to receive only the amount medically necessary for one month.
- Disposable diapers or pants or rental of reusable diapers or pants are not allowed in combination with any other disposable diapers or pants or reusable diapers or pants with the following exception:
 - ✓ Modifier “DY,” to designate daytime only usage, may be used to allow a combination of diapers, pants, and liners. However, the quantity of the combined products is not to exceed the monthly limitation (300 for children/youth and 240 for adults).
- Undergarments are to be billed as liners/pads, not diapers or incontinent pants.
- Liners/pads will not be allowed in combination with any disposable diapers, pants or rental of re-useable diapers or pants with the following exception:
 - ✓ Modifier “DY,” to designate daytime only usage, may be used to allow a combination of liners, diapers, and pants. However, the quantity of the combined products is not to exceed the monthly limitation (300 for children/youth and 240 for adults).
- Underpads are for use on client’s bed for incontinence protection only.
- Diaper doublers require prior authorization. Also see expedited prior authorization criteria on pages E.4 and E.5.
- Any exception to these limitations requires prior authorization.

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

UROLOGICAL SUPPLIES

A4214	Sterile saline or water, 30 cc vial. Included in nursing facility daily rate.	\$1.47
A4310	Insertion tray without drainage bag and without catheter (accessories only). <u>Maximum of 120 per client, per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354, K0281. Prior Authorization required on and after dates of service August 1, 2002.</i>	\$7.64
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). <u>Maximum of 3 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4310 or A4338, K0281. Prior Authorization required on and after dates of service August 1, 2002.</i>	\$14.68
A4312	Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone. <u>Maximum of 3 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4310 or A4344. Prior Authorization required on and after dates of service August 1, 2002.</i>	\$16.97
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. <u>Maximum of 3 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4310 or A4346, K0281. Prior Authorization required on and after dates of service August 1, 2002.</i>	\$16.97

**Nondurable Medical Supplies
and Equipment**

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Billing provision limited to one (1) month's supply.

A4314	Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). <u>Maximum of 3 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4310, A4311, A4338, A4354, A4357, or K0280-K0281.</i> Prior Authorization required on and after dates of service August 1, 2002.	\$25.01
A4315	Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone. <u>Maximum of 3 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4310, A4312, A4344, A4354, A4357, or K0280-K0281.</i> Prior Authorization required on and after dates of service August 1, 2002.	\$26.10
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. <u>Maximum of 3 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4310, A4313, A4346, A4354, A4357, or K0280-K0281.</i> Prior Authorization required on and after August 1, 2002.	\$28.09
A4320	Irrigation tray with bulb or piston syringe, any purpose. <u>Maximum of 30 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4322, A4355.</i>	\$5.27
A4323	Sterile saline irrigation solution, 1000 ml. Included in nursing facility daily rate.	\$8.68
A4326	Male external catheter specialty type (e.g., inflatable, faceplate, etc.), each. <u>Maximum of 60 allowed per client per month.</u> Included in nursing facility daily rate.	\$10.67
A4330	Perianal fecal collection pouch with adhesive, each. Included in nursing facility daily rate.	\$7.07

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

A4338	Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. <u>Maximum of 3 allowed per client per month.</u> Included in nursing facility daily rate.	\$12.13
A4340	Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each. <u>Maximum of 3 allowed per client per month.</u> Included in nursing facility daily rate.	\$31.40
A4344	Indwelling catheter, Foley type, two-way, all silicone, each. <u>Maximum of 3 allowed per client, per month.</u> Included in nursing facility daily rate.	\$15.85
A4346	Indwelling catheter, Foley type, three-way for continuous irrigation, each. <u>Maximum of 3 allowed per client, per month.</u> Included in nursing facility daily rate.	\$16.47
4350A	Hydrophilic Intermittent Catheter (such as Lo-Fric), straight, each. See <u>Expedited Authorization criteria.</u> <i>Not allowed in combination with any other catheter or insertion tray.</i>	\$3.83
A4351	Intermittent urinary catheter; straight tip, each. <u>Maximum of 120 allowed per client per month.</u>	\$1.79
A4352	Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomeric or hydrophilic, etc.), each. <u>Maximum of 120 allowed per client per month.</u>	\$6.35
A4353	Urinary intermittent catheter with insertion supplies. <u>Maximum of 120 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with A4310, A4351-A4352, 4350A. Prior Authorization required on and after dates of service August 1, 2002.</i>	\$6.92
A4354	Insertion tray with drainage bag but without catheter. <u>Maximum of 3 allowed per client per month.</u> <i>Not allowed in combination with A4310, A4357, or K0280-K0281. Prior Authorization required on and after dates of service August 1, 2002.</i>	\$9.92

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter. <u>Maximum of 30 allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with A4320, A4322.</i>	\$8.81
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each. <u>Maximum of two (2) allowed per client per year.</u> Included in nursing facility daily rate.	\$38.36
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each. <u>Maximum of two (2) allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code K0280, A4314-A4316 or A4354.</i>	\$9.59
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each. <u>Maximum of two (2) allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A5113, A5114, or K0280.</i>	\$6.38
A4359	Urinary suspensory without leg bag. <u>Maximum of two (2) allowed per client per month.</u> Included in nursing facility daily rate.	\$29.74
A4402	Lubricant, per oz. Included in nursing facility daily rate. (For insertion of urinary catheters.)	\$1.58
A4554	Disposable underpads for beds, all sizes (e.g., Chux's). <u>Maximum of 180 pieces allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code 4521A (IP) or 4521A (RR).</i>	\$0.40
A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each. <u>Maximum of two (2) allowed per client per 6 months.</u> Included in nursing facility daily rate.	\$22.33
A5105	Urinary suspensory, with leg bag, with or without tube. <u>Maximum of two (2) allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4358, A4359, A5112, A5113, A5114, or K0280</i>	\$40.32

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and Equipment**

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Billing provision limited to one (1) month's supply.

A5112	Urinary leg bag; latex. <u>Maximum of one (1) allowed per client per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A5113 or A5114.</i>	\$34.24
A5113	Leg strap; replacement only, latex, per set. Included in nursing facility daily rate. RP modifier required.	\$4.65
A5114	Leg strap, foam or fabric, replacement only, per set. Included in nursing facility daily rate. RP modifier required.	\$8.84
4521A-1P	Reusable large underpad for beds purchase. <u>Limit 42 per year.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4554 or 4521A (RR).</i>	\$12.64
4521A-RR	Reusable large underpad for beds rental. <u>Limit 90 per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with code A4554 or 4521A (IP).</i>	\$0.45
4610A	Diapers, disposable, child's small, each. (3-18 years of age). <u>Maximum of 300 diapers purchased per client per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.25
4611A	Diapers, disposable, child's medium, each. (3-18 years of age). <u>Maximum of 300 diapers purchased per client per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.32
4612A	Diapers, disposable, child's large, each. (3-18 years of age). <u>Maximum of 300 diapers purchased per client per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.40

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and Equipment**

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Billing provision limited to one (1) month's supply.

4616A-1P	Diaper, cloth, reusable child's, any size, each. (age 3 and up). <u>Maximum of 48 diapers purchased per client per year.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. Modifier required.	\$2.75
4616A-RR	Diapers, cloth, reusable child's, any size, each (age 3 and up). <u>Maximum of 300 diapers allowed per client per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. Modifier required. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.44
4617A	Diapers/briefs, disposable, youth's (3-18 years of age) small, each. <u>Maximum of 300 diapers purchased per client per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.67
4618A	Diapers/briefs, disposable, youth's (3-18 years of age) medium, each. <u>Maximum of 300 diapers purchased per client, per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.74
4619A	Diapers/briefs, disposable, youth's (3-18 years of age) large, each. <u>Maximum of 300 diapers purchased per client, per month.</u> Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.94

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Billing provision limited to one (1) month's supply.

4620A	Diapers/briefs, disposable, adult's small, each. (age 19 and up). <u>Maximum of 240 diapers purchased per client, per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.67
4621A	Diaper Doublers, each (age 3 and up). Included in nursing facility daily rate. <u>See expedited prior authorization criteria on pages E.4 – E.5.</u>	\$0.37
4625A	Diapers/briefs, disposable, adult's medium, each. (age 19 and up). <u>Maximum of 240 diapers purchased per client, per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.74
4630A	Diapers/briefs, disposable, adult's large, each. (age 19 and up). <u>Maximum of 240 diapers purchased per client, per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.94
4640A-1P	Diaper, cloth, reusable adult's, any size, each (age 3 and up). <u>Maximum of 36 diapers purchased per client, per year.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or rental reusable diaper or pant.</i>	\$4.53
4640A-RR	Diapers, cloth, reusable, adult's, any size, each (age 3 and up). <u>Maximum of 240 diapers allowed per client, per month.</u> Medical exceptions to maximum quantity or age limitation requires prior approval. Included in nursing facility daily rate. Modifier required. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.75

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Billing provision limited to one (1) month's supply.

4790A	Small children's pull-up training pants for children (age 3 and up). <u>Maximum of 150 allowed per client per month.</u> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$0.52
4791A	Medium children's pull-up training pants for children (age 3 and up). <u>Maximum of 150 allowed per client per month.</u> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$0.61
4792A	Large children's pull-up training pants for children (age 3 and up). <u>Maximum of 150 allowed per client per month.</u> <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$0.68
4795A-1P	Pant, reusable, each. <u>Maximum of 4 per client, per year.</u> Included in nursing facility daily rate. Modifier 1P required.	\$9.48
4795A-RR	Pant, reusable, each. <u>Maximum of 150 per client, per month.</u> Included in nursing facility daily rate. Modifier RR required. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>	\$0.75
4796A	Pant liner/insert (pad) (including undergarments), any size, each. <u>Maximum of 240 pieces allowed per client, per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$0.66
4797A	Pant, disposable, each (includes pull-ups). <u>Maximum of 150 pieces allowed per adult, per month. Maximum of 300 pieces allowed per child, per month.</u> Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier DY is used to designate daytime only usage.</i>	\$1.22

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Billing provision limited to one (1) month's supply.

A4331	Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each. <i>Not to be used with Procedure Code A4358.</i> Included in nursing facility daily rate.	\$3.15
A4332	Lubricant, individual sterile packet, for insertion of urinary catheter, each. Included in nursing facility daily rate.	\$0.12
A4324	Male external catheter, with adhesive coating, each. <u>Maximum of 60 allowed per client per month.</u>	\$2.15
A4325	Male external catheter, with adhesive strip, each. <u>Maximum of 60 allowed per client per month.</u>	\$1.78

BRACES, BELTS, AND SUPPORTIVE DEVICES

A4490	Surgical stocking above knee length, each. <u>Maximum of two (2) pair allowed per client per 6 months.</u> (Enter 2 in the unit field for a pair.)	\$22.74
A4495	Surgical stocking thigh length, each. <u>Maximum of two (2) pair allowed per client per 6 months.</u> (Enter 2 in the unit field for a pair.)	\$36.76
A4500	Surgical stocking below knee length, each. <u>Maximum of two (2) pair allowed per client per 6 months.</u> (Enter 2 in the unit field for a pair.)	\$22.74
A4510	Surgical stocking full length, each. (Pantyhose style) <u>Maximum of two (2) pair allowed per client per 6 months.</u>	\$83.56
A4565	Slings. <u>Maximum of two (2) allowed per client per year.</u>	\$6.21
A4570	Splint. <u>Maximum of one (1) allowed per client per year.</u>	\$14.52
A4572	Rib belt. <u>Maximum of one (1) allowed per client per year.</u> Included in nursing facility daily rate.	\$9.78
4512A	Custom vascular supports, each. <u>Maximum of two (2) allowed per client per 6 months.</u>	65%

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Billing provision limited to one (1) month's supply.

4513A	Fitting fee for custom vascular supports. <u>Maximum of two (2) allowed per client per 6 months.</u>	\$15.77
E0942	Cervical head harness/halter. <u>Maximum of one (1) allowed per client per year.</u> Included in nursing facility daily rate.	\$19.75
E0943	Cervical pillow. <u>Maximum of one (1) allowed per client per year.</u> Included in nursing facility daily rate.	\$27.53
E0944	Pelvic belt/harness/boot. <u>Maximum of one (1) allowed per client per year.</u> Included in nursing facility daily rate.	\$42.46
E0945	Extremity belt/harness. <u>Maximum of one (1) allowed per client per year.</u> Included in nursing facility daily rate.	\$44.10

DECUBITUS CARE PRODUCTS

E0188	Synthetic sheepskin pad. <u>Maximum of one (1) allowed per client per year.</u> Included in nursing facility daily rate.	\$26.30
E0189	Lambswool sheepskin pad. <u>Maximum of one (1) allowed per client per year.</u> Included in nursing facility daily rate.	\$43.95
E0191	Heel or elbow protector, each. <u>Maximum of four (4) allowed per client per year.</u> Included in nursing facility daily rate.	\$8.45

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS)
SUPPLIES**

A4558	Conductive paste or gel.	\$5.42
A4595	TENS supplies, 2 lead, per month (includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). 2 per month allowed with patient-owned 4-lead TENS unit.	\$28.67

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Billing provision limited to one (1) month's supply.

A4630	Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient.	\$6.22
0116E	TENS tape patches for use with carbon rubber electrodes only, each. PURCHASE ONLY. <i>Not allowed in combination with code A4595.</i>	\$0.10
0118E	TENS equipment/supplies not otherwise classified. (Note: this code is not to be used for items such as skin wipes/creams, etc.) Prior Authorization required.	B.R.
0119E	TENS reusable electrodes, self-adhering; up to 2.5" round or 2" x 5" rectangular, carbon rubber electrodes, each. PURCHASE ONLY.	\$3.20
0121E	TENS reusable electrodes, self-adhering, 2" x 6" or larger, each. PURCHASE ONLY.	\$5.69
0123E	TENS carbon rubber use/disposable electrodes, each. PURCHASE ONLY.	\$0.60
0124E	Lead wires, TENS unit, 4 lead, each. PURCHASE ONLY.	\$18.08
0126E	TENS stand alone replacement battery charger, each. PURCHASE ONLY. <i>Not allowed in combination with code A4595.</i>	\$13.65

MISCELLANEOUS SUPPLIES

0172A	Lice comb, such as LiceOut, TM LeisMeister, TM or combs of equivalent quality and effectiveness. <u>Maximum of one (1) allowed, per client, per year.</u> Included in nursing facility daily rate.	\$13.43
0173A	Non-toxic gel such as LiceOut TM for use with lice combs, per 8 oz. bottle. <u>Maximum of one (1) bottle allowed per client per year.</u> Included in nursing facility daily rate.	\$11.98
4460A	Unna flex bandage (elastic unnaboot, each)	\$7.25

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	Maximum Allowable Effective 07/01/02
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Billing provision limited to one (1) month's supply.

4529A	Eye patch, (adhesive), wound cover per box of 20. <u>Maximum of one (1) box allowed per client per month.</u> Included in nursing facility daily rate.	\$5.95
4530A	Eye patch with elastic or tied band or adhesive to be attached to an eyeglass lens, each. <u>Maximum of one (1) allowed per client per month.</u> Included in nursing facility daily rate.	\$2.51
4555A	Gloves, disposable, non-sterile, each. Included in nursing facility daily rate.	\$0.11
4560A	Gloves, disposable, sterile, per pair. Included in nursing facility daily rate.	\$0.77
4570A	Other medical supplies not listed. Requires prior authorization.	65%
4580A	"Sharps" disposal container for home use, up to one gallon size, each. <u>Limit two per month.</u> Included in nursing facility daily rate.	\$3.85
4991A	Bilirubin light therapy supplies. Payable only when provided with prior authorized bilirubin light. <u>Maximum of 5 days supply allowed.</u>	\$2.19/day
0936E	Continuous passive motion softgoods kit. <u>Maximum of one (1) allowed with rental of CPM machine.</u>	\$36.66

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